U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - F7///	2. Fiscal Year Covered From			
	1/1/05 Through: 12/3/05			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Linda & Raismussen	Name COMMUNICATIONS WKIS OF AM Labor Organization File Number 000-188			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 6846 NES Alameda ST	Street 501 Brz! St PW			
city Pulland	city WashingTON			
State C.C ZIP Code + 4 97213	State Oc ZIP Code + 4 2000/			
5. Position in labor organization. STAFF Representatives				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name QUEST COMMUNICATIONS	CWA PresideNTS Meeting		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount		
Street 1801 CaliforNia ST	7.5. Allouic		
city DUNVER	581.92		
State 20 ZIP Code + 4 80202			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed	Lendan. ROBMUIDON	On	3-30-01p	503-252-021 Telephone Number		